

# DISPOSITION INSTRUCTIONS FOR NINDS/NIDCD ANIMALS

(MUST BE UPDATED ANNUALLY)

Principal Investigator: \_\_\_\_\_ Date form completed: \_\_\_\_\_  
Protocol Number: \_\_\_\_\_

Protocol Title: \_\_\_\_\_  
\_\_\_\_\_

Use a new form if **care is different** for each species.

Species: \_\_\_\_\_ Species: \_\_\_\_\_  
Species: \_\_\_\_\_ Species: \_\_\_\_\_

Animal Housing Location: Bldg. \_\_\_\_\_ Room \_\_\_\_\_  
Bldg. \_\_\_\_\_ Room \_\_\_\_\_

Description of **Procedure**:  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Point of Contact** (P.O.C.) in Case of Emergency: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Beeper #\*: \_\_\_\_\_

**Alternate** Point of Contact in Case of Emergency: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Beeper #\*: \_\_\_\_\_

Potential or Expected **Complications**:  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment** (indicate appropriate response):  
Treatment determined by **veterinarian**: ☐ Yes ☐ No  
Specific **treatment** and/or **restrictions** as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criteria for **Euthanasia** \*(indicate appropriate response):  
At discretion of **veterinarian**: ☐ Yes ☐ No  
Requested **euthanasia agent**: \_\_\_\_\_  
Specific **criteria** for **euthanasia**: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*If Euthanasia is performed or animals are found dead:**

- a. Contact P.O.C.: ☐ Yes ☐ No
- b. Refrigerate carcass: ☐ Yes ☐ No
- c. Dispose of carcass: ☐ Yes ☐ No
- d. Perform necropsy: (Capabilities for emergency necropsy are limited)
  - Do you want to receive a report of the findings? ☐ Yes ☐ No
  - Harvest tissues: ☐ Yes ☐ No
  - + Specify tissues and fixatives or other procedures (on wet ice, dry ice, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+ Send tissue to: ☐ P.I. ☐ Histopathology

**Additional Comments**:  
\_\_\_\_\_  
\_\_\_\_\_

**Principle Investigator**: \_\_\_\_\_  
(signature)